

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

### Part A- INMATE REQUEST

**SIGNATURE OF REQUESTER**

### Part B- RESPONSE

**See Attached Response**

WARDEN OR REGIONAL DIRECTOR

*If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.*

CASE NUMBER: 999669-1-1

CASE NUMBER: 999469.F1

### Part C- RECEIPT

SUBJECT: \_\_\_\_\_

RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229(13)  
APRIL 1982